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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Chity Name)	
(Decision and Misselver)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: TYJ M	lanager, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
≥ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee. Certified Copy & Certificate o Status PPY REQUIRED
rnov. Di	avid Freedman		-
FROM: <u>5</u>	Nam	e (Printed or typed)	
26	01 South Bayshore Drive, Sui	te PH-1, c/o Coffey Burli Address	ngton
Mi	ami, Florida 33133 City	. State & Zip	
30	5-858-2900 Daytime	Telephone number	
dfr	eedman@coffeyburlington.		notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE III PURPOSE The purpose for which the corporation is organized is: All legal business ARTICLE IV SHARES The number of shares of stock is: 100	ATTN: David Freedman Miami, Florida 33133	Suite PH-1, c/o Coffey Burling
ARTICLE IV SHARES The number of shares of stock is: Name and Title: Philip Sigel, President and Director Address 8818 SW 72nd Street, Suite F-136 Address All legal business	ATTN: David Freedman Miami, Florida 33133 activities.	3
The purpose for which the corporation is organized is: All legal business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Philip Sigel, President and Director Name Address 8818 SW 72nd Street, Suite F-136 Address	activities.	
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	REGISTERED AGENT Florida street address (P.O. Box NOT a	ceptable) of the registered agent is:	
Name:	David Freedman		
Address:	2601 South Bayshore Drive	, Suite PH-1, c/o Coffey Burlington	
	Miami, Florida 33133		
			21
	<u>INCORPORATOR</u>		304
The name and	address of the Incorporator is:		<u>6</u>
Name:		<u> </u>	च्य
Address:			PH 12: 43
	<u> </u>	 7 7	င်ပ
ARTICI E VII	I EFFECTIVE <u>DATE:</u>		
Effective date, (If an effective filing.)	if other than the date of filing:	. (OPTIONAL) and cannot be more than five days prior or 90 day	s afte
Note: If the dathe document	ate inserted in this block does not meet the seffective date on the Department of Sta	e applicable statutory filing requirements, this date will e's records.	ll not
Having been n certificate, I ar	amed as registered agent to accept service n familiar with and accept the appointme	of process for the above stated corporation at the place It as registered agent and agree to act in this capacity	desig
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	Required Signature/Registere		Date
I submit this document to the	locument and affirm that the facts state te Department of State constitutes a third	herein are true. I am aware that the false informati legree felony as provided for in s.817.155, F.S.	on su T
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